

IN PATIENT SUMMARY BILL

UHID : MHI202483295

IP No : IPH2024000851

Patient name : Mr.ELLAPPAN P

Age : 68 Y 9 M 8 D/Male

Bill No : MMH/HM/IPH202400834

Bill Date : 09/04/2024

DOA : 9/4/2024 10:40AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount	
1	CARDIOLOGY PACKAGE-HEART	₹	8,998.00
2	PHARMACY CHARGE	₹	7,002.00
Gross Amount		₹	16,000.00
Net Payable		₹	16,000.00
Advance Amount		₹	16,000.00
Received Amount		₹	0.00

Received Amount in Words : Sixteen Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/04/2024	MMH/HM/RECAP2024005	CASH	Advance Amount	16,000.00